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CHILD

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American Childhood
Challenges American Democracy

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Care of Children From Overseas

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Progress Reports —

Maternal and Child-Health Services
Child-Welfare Services

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U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

JULY 1940



THE CHILD

MONTHLY BULLETIN

Volume 5, Number 1 (with Supplement)

July 1940

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THE CHILD is published monthly by the Children's Bureau, United States Department of Labor. Its publication was approved by the Director, Bureau of the Budget, May 12, 1936, to meet the need for an exchange of information between the Children's Bureau and the various agencies actively engaged in furthering the interests of children. It contains articles, brief reports, news items, and reviews of new publications relating to current developments in the fields of child health, child welfare, juvenile delinquency, and the employment of minors in the United States and in other countries.

The Children's Bureau does not necessarily endorse or assume responsibility for the statements or opinions of contributors not connected with the Bureau.

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THE CHILD

Monthly Bulletin

WITH
SOCIAL-STATISTICS SUPPLEMENTS

Volume 5
July 1940-June 1941



UNITED STATES DEPARTMENT OF LABOR
CHILDREN'S BUREAU



UNITED STATES
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American Childhood Challenges American Democracy¹

BY KATHARINE F. LENROOT
Chief, U. S. Children's Bureau

In his address to the Congress on May 16, 1940, President Roosevelt said:

I, too, pray for peace—that the ways of aggression and force may be banished from the earth—but I am determined to face the fact realistically that this Nation requires a toughness of moral and physical fiber. Those qualities, I am convinced, the American people hold to a high degree.

Thus spoke the President of the United States in one of the most solemn and fateful hours in the history of the world.

ACCOMPLISHMENTS OF OUR DEMOCRACY

Evidence that democracy has toughness of moral and physical fiber has been summarized in the General Report of the White House Conference on Children in a Democracy in these words:

The present Conference comes after 10 years of economic depression unprecedented in length and of great intensity. A large section of the population was left without income for months or even years. Since the economic soundness of a country underlies a continuance of its freedom, the development of its culture, and the quality of its public services, we might have expected that the decade following 1929 would exhibit the worst conditions ever suffered by the people of this country, and either a retrogression to pioneer hardship or an attempted escape by the way of dictatorship through which some European countries have looked for salvation.

"It is to the everlasting credit of this democracy," the Conference report states, "that despite the strains of the past decade we not only have maintained our social institutions and public services but have notably improved some of them." Among these accomplishments the report cites the fact that basic problems of agriculture, banking, finance, conservation of natural resources, employment, economic security, housing, and long-range economic stabilization have been examined during this period and remedial processes have been set in motion. The health of the Nation has been studied and appraised; medical science has been brought more extensively into public service; public-health administration has been mobilized through local, State, and Federal agencies for steady progress toward building a healthy Nation. Education, recreation, and the problems of youth have been studied on a national scale, and Nation-wide programs for the benefit of youth have been established.

The White House Conference on Children in a Democracy, a great citizens' enterprise in which persons of different political faiths, representing many interests and callings, have worked together with a single aim, affirmed its conviction that—

... The resiliency of this Commonwealth and its ability to avoid any serious loss of morale under long-continued hardships have proved it to be a stable form of government adaptable to a machine-age civilization and capable of meeting new human needs by democratic methods.

¹ Paper delivered at National Conference of Social Work, Grand Rapids, Mich., May 28, 1940.

GOALS FOR THE NEXT DECADE

Clearly, and with complete unanimity, the Conference envisioned the goals of our democracy for the next decade, firm in the belief that we must press forward to achievements "worthy of the freedom and wealth of our Nation." It reported great inequalities throughout the country in the available opportunities for children and youth in rural areas, in low-income groups, among the unemployed, among migrant workers, and in various minority groups. "Honest inquiry," the report points out, "has uncovered conditions unworthy of a democracy with resources like ours and dangerous to its future."

Because this democracy has shown itself bold and capable of dealing with a catastrophic depression without loss of courage or determination, the White House Conference asserts that it feels free to call public attention to the many conditions that still are hazardous to children and to the future of our democracy.

What is the program for the next decade, which the Conference has placed before the American people?

In general, the Conference affirms that the concern of democracy is for every child. It speaks to all the people for all the children. It recognizes the immediate necessity for providing against the material dangers of the moment, but it asserts the equal necessity for maintaining internal strength and confidence among the people of the strongest democracy in the world.

Specifically, the White House Conference calls upon the 29,000,000 families of the Nation to be schools for democratic living. It recognizes that a necessary condition of the family's capacity to serve the child is an income sufficient to provide the essentials of food, clothing, shelter, and health, as well as a home that means for the child, education, happiness, character building. It expresses the determination of the American people that steady progress shall be made toward more complete utilization of our material resources and our manpower, so that by the end of another decade we shall not have to confess that one-half, or even one-third of our children are in families that do not

have enough money to provide fully for the essentials of wholesome living. It asserts that the basic economic problem of our children "is the economic problem of the Nation—to find a sound balance of wages, prices, and financing that will provide a growing purchasing power to industrial workers and farmers and profitable investment for capital." It recognizes that "economic aid must continue to be given from public funds to a considerable number of families; that local, State, and Federal government should share the responsibility; and that new, hitherto untried methods may have to be introduced and earlier measures extended."

The Conference sets before the American people the responsibility for correcting a housing situation which condemns many city and rural families to live in shelters unfit for human habitation. Fortunately, the Conference finds, the past decade has been an epoch-making period in the history of housing. It has seen local, State, and Federal governments enter this field, providing housing, especially for low-income groups, to an extent that gives promise of notable achievement.

The Conference recognizes the importance of religion and of opportunity for religious instruction of children and youth in a democracy that seeks to reconcile individual freedom with social unity.

At all times, and particularly in times of crisis, it is true that "the health of the child is the power of the Nation." The Conference affirms that the health and well-being of children depend to a large extent upon the health of all members of their families. Preventive and curative health service and medical care should be made available to the entire population, rural and urban, in all parts of the country, especially to mothers and children, through private resources and general tax funds, or through social-insurance systems, or through a combination of these methods.

Regarding education the Conference recognizes that a primary responsibility of our democracy is to establish and maintain that fair educational opportunity to which every American child is entitled. It holds that—

The content of education should deal with the personal, social, and economic issues of the day; its

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method should take account of scientific discoveries in child growth, child care, and the learning process. And the management of the educational services should seek always to combine maximum efficiency with the requirements of individual initiative and freedom.

The Conference asserts that the development of recreation and the constructive use of leisure time should be recognized as a public responsibility on a par with responsibility for education and health. Private agencies should continue to contribute facilities, experimentation, and channels for participation by volunteers.

Prevention of the exploitation of children and youth in premature and harmful labor must be accompanied by provision for educational training, open to all children, during the years thus left free from wage earning.

As to vocational opportunity for youth the Conference affirms that the situation calls urgently for action and believes that the cost of constructive programs will be less than the ultimate cost of neglect.

The Conference holds that social services to children whose home conditions or individual difficulties require special attention should be provided in every county or other appropriate area and that an obligation rests upon both public and private agencies for the development of adequate resources and standards of service.

Special consideration was given by the Conference to problems of migrant families. It holds that their problems are national in scope and that the Federal Government must accept responsibility for the development of an inclusive plan for their care, assuming full financial responsibility for interstate migrants.

The Conference asserts that the effort to obtain equality of opportunity for children without regard to race, color, or creed should be pursued in the places and institutions that have potentially the greatest influence upon children. The first of these is the family; the second, the school. The Conference recommends that civic and social agencies, labor and consumer organizations, political parties and government agencies not only should place no obstacles in the way of adequate representation and participation of minority groups both in

the ranks and in administrative and policy-making activities but should welcome and encourage such participation.

Questions of public administration and finance underlie many of the recommendations of the Conference. It finds that the number of local administrative units of government for health, education, and welfare should be reduced; that financial responsibility should be shared by governments at the various levels, taking into account the needs in the respective localities and States and the resources of these governmental units; and that merit systems which will assure competent personnel in public administration to perform the services essential for children should be adopted in local, State, and Federal governments.

This program of action for the children of our United States is a program for the next 10 years and some of it for a longer period. The Conference believes that its proposals are well within the capacities of the American people and that the economic resources of the country will be enhanced by them. It looks forward to a follow-up program under the leadership of a National Citizens Committee and State organizations, which will reach into every local community, thus helping to make the recommendations a reality in the lives of children.

The very existence of the White House Conference on Children in a Democracy, its ability to formulate a program under government auspices, but through committee and conference action free from government domination, is proof both of our freedom and of the sensitiveness of our democracy to human values.

The history of the United States Children's Bureau, established 28 years ago as the first government bureau in the world devoted to the interests of childhood, is another proof of this freedom and this awareness. Never in the history of the Children's Bureau, whether a Republican or a Democratic administration was in power, has any question been asked of the political opinions of its Chief or any member of its staff. Never has it been hindered from making impartial studies of conditions affecting the welfare of children. Under the merit-system provisions of the Social Security Act

the same freedom is being won for State agencies cooperating with the Federal Government in unswerving attempts to bring to more complete fruition the ideals and principles that underlie democracy.

AIMS OF A TOTALITARIAN STATE FOR ITS CHILDREN

Let us examine the aims of a totalitarian government for its children and the extent to which those who serve childhood in a country with such a government are free to promote the values inherent in human personality.

Services for public health and child welfare have been extended in totalitarian states, but the avowed purpose of these activities in Germany has been to train the younger generation in accordance with the views which are essential for the unity of the people: training for the personal development of the individual is to be considered secondary. All preventive and curative health work is considered from the point of view that expenditures should be made for an individual who is physically or mentally sick only in accordance with his value to the whole community. Immediate shift in emphasis from governmental social-welfare work to that done by agencies of the National Socialist Party and from paid to volunteer service characterized the first year of the National Socialist regime. A ministerial circular² ordered the removal of women social workers who "because of their personalities could not serve the National State."

Of the seven private child-welfare agencies national in scope, four were either dissolved or combined with others in 1933. The welfare agencies which conformed to the National Socialist ideology were allowed to remain. Admission to reorganized schools of social work was open only to approved members of the National Socialist Party who met certain qualifications. On local child-welfare committees, later abolished, representatives of Hitler Youth and the National Socialist People's Welfare replaced members who formerly had been named by child-welfare agencies.

² *Zentralblatt für Jugendrecht*, vol. 25, 1933-34, p. 328.

Responsibility for relief and welfare work was placed in an office of the National Socialist Party. The guiding principle, as given in the order creating this office, was the welfare of the people as a whole in preference to the welfare of the individual. Only those persons were to be appointed to carry on child-welfare work whose opinions conformed to the National Socialist ideology.

These concepts of the relation between the individual and the State and the duty of the State toward the individual stand in sharp contrast to the aims and accomplishments of the Scandinavian nations for their people; to the doctrines of the French philosophers; to the liberties of England; and to the Declaration of Independence and the Constitution of the United States. That democratic principles are still far from complete realization in countries committed to bills of rights and to representative government, social workers would be the first to affirm. That the relentless drive of the German forces has thrown into mortal combat the impersonality and ruthlessness of the machine and the freedom of the human spirit, social workers will be the last to deny.

OUR GOALS FOR CHILDHOOD CHALLENGE OUR DEMOCRACY

The White House Conference on Children in a Democracy last January foresaw many of the issues which would determine the success or the failure of the American people to reach our goals for children in the decade upon which we have just entered. It recognized that the aims of democracy for its children challenge the capacity of American citizens to place the democratic purpose at the center of personal, family, and community life. It understood that the aims of democracy for its children challenge the capacity of the people of the United States so to regulate the economic system as to assure its contribution to the democratic ideal. It saw that the machine must be made to serve man, not man the machine. It realized clearly that the aims of democracy for its children challenge the capacity of American citizens to use government for

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the advancement of human welfare. It was firm in its belief that we, the American people, would meet these challenges and would make substantial advance toward our goals for childhood in the next 10 years.

The Conference did not foresee so clearly the extent to which its ends would have to be sought under conditions that challenge the very survival of democracy in any part of the world.

SAFEGUARDING CHILDHOOD IN THE PRESENT CRISIS

The United States is now confronted by a world situation which makes it imperative for our people to strengthen all our resources of bodily health, moral fiber, social justice, and spiritual power; to mobilize our industrial and scientific resources; and to augment our military strength in preparation for whatever threats to the continuance of our democratic civilization we may have to meet and whatever responsibilities for maintaining a world order in which free peoples can survive we may have to assume.

What, then, is our duty to the children of today, the citizens of tomorrow, in this time of crisis?

First, it is to understand clearly that our internal strength, our unity of purpose, our effectiveness in achieving results, whether in peace or in war, depend to a great extent upon the confidence with which parents can face the future for their children. Their safety, their health, their homes, and their schools must be protected at whatever cost of resourceful planning and financial sacrifice. The responsibility for such planning rests with all the people, but they must act chiefly through government. Government, in turn, must work in full cooperation with the citizens of the country in their many organizations devoted to civic advancement and human welfare. The follow-up organization of the White House Conference on Children in a Democracy should afford a valuable channel for citizen participation in promoting the health and security of children and interpreting to all the people the needs of

children and youth. Citizens must realize that they cannot divest themselves of responsibility by looking to government for the solution of their problems. Government—local, State, or Federal—is only an institution through which citizens act in fulfillment of their obligations to themselves, their families, and their fellowmen.

Second, there must be immediate expression of the purpose of the people of the United States to preserve and strengthen the economic foundations of home life. President Roosevelt's determination to preserve the social gains of the last decade, including governmental action to protect fair labor standards, should receive universal support. Work Projects Administration employment must be maintained in the degree required to provide work for the unemployed. At the same time, general-assistance programs must be strengthened throughout the Nation. Plans for allotments and allowances for families of members of the armed forces similar to those provided under the War Risk Insurance Act should be developed in advance of possible extensive military mobilization.

Third, child-labor standards must be preserved and strengthened. The manpower of the Nation is more than sufficient to meet all needs without calling upon children to sacrifice their strength and their schooling for industrial employment. We must press forward to extend to child workers in industrialized agriculture safeguards similar to those now afforded to children in factory employment.

Fourth, educational resources must be maintained and augmented as necessary to assure to every child a fair chance for schooling throughout the school-age period.

Fifth, the objectives of the Nation for its youth, as they have been expressed in our developing youth programs, must not be forgotten as our young people are drawn into emergency training programs, aircraft production and operation, the manning of war industries, or enlistment in the armed forces. Every facility must be provided for guidance of youth, for encouragement of those with special gifts, for assuring to all youth opportunity for education or useful employment.

Sixth, we must cover the entire Nation as soon as possible with basic public-health and child-welfare services, needed at all times and especially necessary in times of special stress. All the counties, not merely two-thirds of them, should have public-health-nursing service to guard against epidemics, give health supervision, and assist in the development of community health services for children. Medical-care programs for mothers and children should be extended. All our rural counties, not merely 500 of them, should have as soon as possible the services of a child-welfare worker, free from the heavy case loads which are carried by public-assistance workers, and able to give full cooperation to citizens' groups in developing whatever community programs may be necessary to safeguard the health and well-being of children. In every city the public and private resources for safeguarding the health and welfare of children should be reviewed and strengthened with a view to meeting the needs of every child who may require special service.

Seventh, these services to children and youth must be financed in ways that will not interfere with necessary appropriations for military preparedness. The American people cannot afford *not* to spend whatever sums may be required to provide both internal and external security. Financial sacrifices that will be required to meet new obligations must not be asked of families whose incomes are now below the level required to provide the essentials of home life for children. All citizens whose incomes are above this level must be prepared to make any financial sacrifice that may be necessary to preserve and strengthen our democracy.

Eighth, our plans must not be thought of in terms of emergency alone, for unsettled and difficult conditions will challenge our best and most sacrificial effort for at least the next 10 years and perhaps for generations. On the foundations which we now build will depend the kind of superstructure which the White House Conference of 1950 will help to design.

This crisis is a totalitarian crisis, not only for the German State but also for the democracies. That is, our objectives for economic

and social justice and for personal freedom cannot be divorced from our objectives for world peace. It is a single challenge which in this year 1940 is placed before the adults, the youth, and the children of the United States and before all the nations of the Western Hemisphere. We cannot be democrats in our sympathies abroad and deny the application of democratic principles to any individual or group of individuals at home. Neither can we be democrats at home and be indifferent to the issues of the terrible conflicts that threaten a complete blackout of human freedom in other lands.

At home we must be concerned about the abolition of all economic barriers to the full use of suffrage; the preservation of civil liberties; the upholding of fair wages and conditions of employment; the assurance to all the people of the United States of a chance to earn a living, of care in illness, of an education, of affection and security in home and community relationships. And in a world where the destruction or impairment of freedom anywhere threatens the freedom of all peoples, we must also accept the responsibilities of world citizenship.

DEMOCRACY AND FREEDOM

Democracy rests upon the freedom of the spirit of men and women and upon the inculcation in children of devotion to the principles of a free civilization. Social work is committed to the freedom and the worth of the human personality, to the cooperation of free people in the pursuit of common ends. The spirit that is truly free may know anxiety, pity, heartbreak, but it does not know fear. Who ever saw fear on the face of Jane Addams? The dictator conquers through the spread of fear. The strength of the free spirit comes from within and cannot be destroyed by external events, however terrible. Democracy rests upon the united purpose of free citizens to defend at all times and in all circumstances the right of free men and women to live and to rear their children in a society where justice and honor, dignity and truth are the guides of individual and civic action.

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Planning for Care of Children From Overseas Seeking Refuge in the United States

Children from the war zones may now be admitted to the United States under either quota or visitors' visas under a plan approved by the President of the United States and by the Departments of State and Justice. Preparations for the reception and care of children from the British Isles are going forward.

British Scheme for the Overseas Evacuation of Children.

An Interdepartmental Committee on the Reception of Children Overseas has been set up in the United Kingdom under the chairmanship of Geoffrey Shakespeare, Under Secretary for the Dominions. The Children's Overseas Reception Scheme, worked out by this Committee, is confined for the present to school children who are at least 5 years of age and who are not yet 16. It includes arrangements for children of other nationalities living in Great Britain.¹

According to the evacuation scheme the British Government would meet transportation costs for the children to the point of debarkation. Parents contribute toward the cost of transportation if able to do so. Private arrangements by parents who are able to meet the full expense are encouraged.

On July 12 the Ministry of Information announced that the British Government has postponed the scheme for the present, because of reluctance to take the responsibility of sending shiploads of children across the Atlantic Ocean without convoy, but that "children sent apart from the Government scheme will be allowed to leave either at the parent's risk or at the risk of voluntary associations which are arranging for their transport."

Admission Procedure.

The Department of Justice and the Department of State announced on July 14 the adoption of simplified procedure which will make possible the admission of children from the war zones in whatever numbers shipping facilities and private assurances of support will permit.

It is contemplated that visas and the necessary travel papers shall at all times during the period of the emergency be in the hands of at least 10,000 children in excess of those for whom shipping facilities are currently available. The plan is designed to facilitate evacuation of children regardless of their financial circumstances.

The new regulation adopted by the Commissioner of Immigration and Naturalization with the approval of the Attorney General provides that alien children under 16 years of age who seek to enter the United States to be safe from the dangers of war may be admitted for a period of 2 years when presenting visitors' visas and when otherwise admissible under the rule and other applicable provisions. The period may be shortened or extended by the Attorney General. They may also be admitted under regular quota visas, which permit an indefinite stay. When presenting visitors' or quota visas, the children shall not be excludable on the ground that they are not accompanied by nor coming to one or both parents, nor on the ground that their tickets or passage have been paid for by a corporation, association, society, municipality, or foreign government or by a nonprofit corporation.

Children are to be admitted under the rule only when the following conditions are met:

That a corporation not for profit organized for the purpose of assuring the care and support of refugee children, and approved by the Attorney General for such purpose, has given the Attorney General, with such supporting evidence as he may require and in such form as he may require, the following assurances: First, that

¹ Interdepartmental Committee on the Reception of Children Overseas—Report presented by the Secretary of State for Dominion Affairs, and the Minister of Health, to Parliament by Command of His Majesty, June 1940.

an identified child or a child for whom provision for identification has been or will be made will not become a public charge; second, that arrangements have been or will be made for the reception and placement of such child in accordance with the standards of the Children's Bureau of the Department of Labor; and third, that the sum of \$50 for each such child has been or, upon the initial placement of the child, will be deposited in a trust fund established by and to be used by the corporation to meet all contingencies, not otherwise met or provided for, arising after such initial placement respecting either the care of the child while in the United States or its departure therefrom. Every corporation approved by the Attorney General to act under the provisions of this rule shall furnish the Attorney General with an affidavit containing an undertaking that the children admitted * * * will be under continuous supervision [during the period of their stay in the country if presenting visitors' visas, or until they have reached the age of 18 years and for such further period as the Attorney General may require if presenting quota visas], assuring that they are in proper custody and are being cared for in conformity with the standards of the Children's Bureau of the Department of Labor, and a further undertaking to comply with such directions as the Attorney General shall make respecting the admission, care, and support [and in the case of those presenting visitors' visas, the departure] of the children.

Standards of Care.

General standards for child-caring organizations were prescribed by the Children's Bureau on June 28, 1940, as follows:

1. The agency should be approved by and under the supervision of the State department of welfare of the State in which it is located.
2. The agency should be fully qualified and equipped for child-placing service or can be so equipped under plans worked out with the United States Committee for the Care of European Children. The resources of the agency should include a well-organized and professionally staffed social-service department for the selection of foster homes and the continuing supervision of care given to children in such homes.
3. The agency should maintain records of all available information concerning each child and his family and complete reports of care given by the agency.
4. Temporary reception care, if provided, should be in conformity with standards acceptable to the Children's Bureau of the Department of Labor.
5. All European children received for care should be placed in family homes of their own religious faith, immediately or after a brief period of reception care, except when the child's special needs require other forms of care.
6. European children received for care should be assured adequate medical care and health supervision, should attend school until at least the age of 16 years,

and should not be gainfully employed prior to the age of 16 years.

7. Not more than two unrelated children should be placed in one home.

8. The agency should retain responsibility for each child until he reaches the age of at least 18 years or has been returned to a parent or legal guardian or transferred to other care with the approval of the United States Committee for the Care of European Children.

9. The agency should agree that the Children's Bureau shall at all times have access to all premises and facilities used for the care of children and to records of such children.

10. The agency should agree to make such periodic reports of the whereabouts, status, and care of the children as may be prescribed by the Children's Bureau.

Other standards relative to home and reception care are being drafted.

The United States Committee for the Care of European Children.

In order to coordinate the efforts of the many organizations in the United States which are interested in providing care for children from overseas meetings were held in New York on June 19 and 20, 1940, under the chairmanship of Mrs. Franklin D. Roosevelt. As an outgrowth of these meetings the United States Committee for the Care of European Children was incorporated, with headquarters at 215 Fourth Avenue, New York.

The corporation has the following officers: Mrs. Franklin D. Roosevelt, honorary president; Marshall Field, president; Jackson Martindell, treasurer; Agnes K. Inglis, secretary. Eric H. Biddle is executive director. The general work of the corporation is under the direction of an administrative committee with Marshall Field as chairman.

In order to provide the necessary funds the National Child Refugee Committee, with Marshall Field as chairman, is undertaking a campaign, approved by the President of the United States, to raise \$5,000,000.

The general purpose of this corporation is to coordinate all available resources for the care of child victims of the war in Europe. Its immediate task is to provide care for children from the British Isles, including children from

continental countries who are now in Great Britain seeking refuge. The committee is working in close cooperation with the Departments of State and Justice, the Children's Bureau of the United States Department of Labor, and the Public Health Service. Cooperation of the United States Office of Education has also been assured.

Among other agencies cooperating with the United States Committee for the Care of European Children are the following: American Red Cross; Community Chests and Councils; Child Welfare League of America; National Catholic Welfare Conference; American Public Welfare Association; Council of State Public Assistance and Welfare Administrators; English Speaking Union; International Migration Service; Family Welfare Association of America; National Travelers' Aid Association; and State and local child-welfare organizations. The committee has been designated by the Brit-

ish authorities as the sole committee with whom they will deal in cooperating with the placement of children arriving in this country from the British Isles.

Responsibility for the placement and supervision of children in conformity with the standards of the Children's Bureau will be allocated by the committee to child-caring agencies designated by the Children's Bureau, in consultation with State welfare departments, as equipped to give such service.

Dissemination locally of information from the central committee and coordination of the work of local public and voluntary agencies for children from war zones are being handled by local information committees appointed by the United States Committee. These local committees, which will be closely in touch with the State welfare departments, have now been appointed in more than 150 cities throughout the United States.

FOUNDATION REPORTS

Rockefeller Foundation Raymond B. Fosdick, President of the Rockefeller Foundation, in his review of work in 1939 states that grants were made by the Rockefeller Foundation amounting to a total of about \$9,500,000 for the year. The four fields of public health and medical, social, and natural sciences received about \$2,000,000 each.

Dr. Fosdick discusses the consequences for scientific research that might result from "war-exhaustion or chaos" in Europe, where the Rockefeller Foundation had 110 appropriations running on the first of September 1939—in Great Britain, Switzerland, France, Sweden.

In describing the status of the various sciences in 1939 and the work carried on in them with the help of the Rockefeller Foundation Dr. Fosdick finds that the scientific process is especially threatened in the social field by the world situation.

The Rockefeller Foundation; a review for 1939, by Raymond B. Fosdick. Rockefeller Foundation, 49 West Forty-ninth St., New York.

248323-40—2

Milbank Memorial Fund Thirty-five years in review is the theme of a recent report of the Milbank Memorial Fund. During this time the fund has aided some 169 public and private health and welfare agencies and has expended a total of \$11,550,093.88 in grants. The work of the fund is discussed in the fields of population, housing, nutrition, regional health planning, and venereal disease.

The fund's work falls naturally into three periods: A period of exploration, from 1905 to 1921; a period of demonstration, from 1921 to 1930; and a third period, the keynote of which is measurement. The purposes of this measurement are to adapt health work more closely to actual conditions, to demonstrate the need for extending the health program to include the new problems which are arising, and to reveal the weakness of practices which have outlived their usefulness.

Thirty-five Years in Review. Milbank Memorial Fund, 40 Wall St., New York, 1940. 75 pp.

Summary of Progress Report on Child-Welfare Services Under Title V, Part 3, of the Social Security Act

March 4, 1940

BY MARY IRENE ATKINSON

Director, Child Welfare Division, Children's Bureau

At the present time 47 States, the District of Columbia, Hawaii, and Alaska are cooperating with the Children's Bureau in the administration of child-welfare services. Puerto Rico, which was included in the amendment to the Social Security Act passed last August, is in the process of preparing a plan. The one State with which the Children's Bureau does not have a cooperative relationship at the present time is Maine, where the program was suspended as of December 31, 1939.¹

An annual appropriation of \$1,510,000 is available to the States for expenditure each year, plus any unexpended balances from allotments for the 2 previous years. Money is allotted to the States on the basis of a flat grant of \$10,000 to each State, plus an amount based on the ratio of the rural population in the State to the total rural population of the United States. The total amount available for expenditure by the States during the fiscal year ended June 30, 1939, was \$2,521,942. Of this amount, \$1,537,087 was expended during the year, leaving a balance of \$984,855 available. This balance was less than that remaining at the end of any previous fiscal year. Plans approved for the fiscal year 1940 include budgets amounting to \$2,065,744. These figures indicate that there has been consistent development within the States cooperating in the child-welfare-services program in the acceptance of the philosophy that services for children are an integral part of a public-welfare program.

Personnel resources and funds available to implement services in local areas have been developed to the point where the maximum amounts of Federal money available to the

States can probably be expended efficiently during the coming fiscal year.

Under this program, as of October 1, 1939, 394 child-welfare workers in approximately 500 counties or other local areas were employed under local welfare officials or under the State welfare departments. In addition, 51 workers in 8 States were giving some case-work service to children in districts covering a number of counties as part of their work in developing interest in the employment of a local child-welfare worker and in participation in a general child-welfare program.

In 1936, 27 States had administrative divisions within the department of public welfare in which were placed definite responsibilities for direction and leadership of programs affecting children. There are now 40 States in which there are either child-welfare bureaus or child-welfare divisions within departments of public welfare. This development is in line with the principles stated in the report on Social Services for Children prepared by one of the committees of the White House Conference on Children in a Democracy. The statement in the White House Conference report is as follows:

Social services for children should be developed in relation to other aspects of the State welfare program, particularly the administration of public assistance and relief. Each State in its welfare agency should have a division responsible for promoting the interests and welfare of children with definite appropriation for this purpose. * * * The child-welfare division represents the broad interests of the State in children needing social protection and care.

RECENT TRENDS

The plans for child-welfare services approved for the fiscal year 1940 reflect two trends of

¹ The child-welfare-service program was resumed in Maine on April 1, 1940.

particular importance. One is the trend toward further localization of responsibility for the care and protection of children. The fact that Federal funds for child-welfare services are available not only for extending and strengthening State services but also for paying part of the cost of district and local services has stimulated the development of resources for the care and protection of children where they live, and makes this provision of the Social Security Act one of the landmarks in the evolution of services to children. Some States which developed their first plans for child-welfare services on the basis of districts, in this year's plan use the county as the unit of local service. Out of their experience they have learned that there is a limit to the coverage which can be provided by a local worker and that, if the area to which she is assigned is too large, she cannot actually render case-work service of high quality.

Another significant trend is the evidence of increased investment by some States and local communities in services for children under the stimulation of a cooperative child-welfare demonstration made possible by Federal funds. For example, one State is providing all the funds for supervision and consultation from the State to the local units, leaving the Federal funds to be used for (a) the operation of a training unit to which workers may be sent for orientation and for more intensive supervision than is possible in the county units and (b) further expansion of local personnel.

The broad language of title V, part 3, of the Social Security Act, together with the liberal philosophy of the Children's Bureau as to the nature of services for children, have resulted in a flexible interpretation of the type of services that may be performed by workers paid in whole or in part from Federal funds. Thus the plans developed jointly by the State agencies and the Children's Bureau continue to be different even though they all conform to the provisions of the act. States which previously had provided both State and local services to children have fitted the Federal funds made available to them into an administrative pattern quite different from that of the States where previously there had been no State provision

for social services to children, as, for example, Mississippi and Nevada.

In the States which had already included services to children as part of the public-welfare program the Federal funds have been used to improve the quality of services already established. In the States which were "starting from scratch" funds have been used to help officials and citizens gain some insight into the State's condition relative to child care and protection, and to take the first steps in setting up an administrative structure for service. Through this structure State and local cooperation is stimulated to meet the needs revealed through the initial evaluation. This process has, in some instances, resulted in what appears to have been a slowing up of the development of actual services. However, the value of laying a foundation before a superstructure is erected has been sufficiently demonstrated.

At the beginning of the program there was no formal system for reporting on numbers of children in local areas receiving service from workers paid in whole or in part from Federal funds. Instead, the Assistant Director of the Child Welfare Division of the Children's Bureau explored what the States had been doing and prepared tentative reporting forms and then asked that the States experiment with them. The experience gained in this exploratory period has now been utilized by the Division of Statistical Research of the Children's Bureau. As of January 1940 forms were sent to the States by that Division for formal reports on numbers of children receiving case-work services through workers paid in whole or in part from Federal funds.

The services of the special consultant on Negro child-welfare problems have been made available to States for initiating local services for Negro children; for studying institutional care for Negro children; and for further interpreting the program and developing interest in local and State groups having some concern with the care and protection of Negro children.

PROFESSIONAL TRAINING

In contacts with the States emphasis has been placed on the importance of professional

training for workers and of a high quality of supervision for persons already on the job. Thus, in the development of plans a majority of the States have provided for educational leave to enable a limited number of staff members to attend a school of social work and also for the strengthening of supervisory service within the agency. In the majority of States competent personnel is recognized as the basis for service of high quality to children and families. The skills demanded by child-welfare workers are appreciated, and the objectives and purposes basic to all case-work methods are understood. There is also an increasing recognition that certain combinations of characteristics are necessary for a person practicing social case work. It is necessary to select personnel having a knowledge of the accumulated experience of the past, the skill and judgment essential to improve and develop local resources and flexibility in using resources, and an attitude of tolerance, of understanding of the individual and his family, and of faith in his possibility of development.

The plans for child-welfare services for the fiscal year 1940 as submitted by the States include provision for educational leave for approximately 160 workers. The amount of Federal funds available for educational leave may not exceed \$110 per month. In many instances a smaller amount has been provided, and it is the responsibility of State officials to determine how much each person who is granted educational leave shall receive. In the statement of policies issued by the Children's Bureau the importance of determining the amount to be granted to an individual on a case-work basis has been stressed. For the fiscal year 1940 the States budgeted \$78,039 for educational leave. The length of leave is for one semester or two quarters at least, and in many instances it has been for three quarters or for the school year.

In addition to provision for educational leave and competent supervision a few of the States have established local training units within the regular local public-welfare units. These training units are used as reservoirs for selection of potential workers for educational leave or for orientation of new workers to the pro-

gram. In five States schools of social work and State agencies have entered into a cooperative arrangement, which permits the local unit to accept for field work students who give promise of fitting into a rural child-welfare program. The supervisor of the training unit is a member of the child-welfare staff of the State department of public welfare and works closely with the school's supervisor of field work. Federal funds may be used to pay salaries of supervisors of field work who are functioning as members of the local staff and are administratively responsible to public-welfare officials, but, of course, these Federal funds cannot be used to pay salaries of faculty members employed by the school to supervise students on a field-work assignment.

MERIT SYSTEM

Recent developments in initiating merit systems in State departments of health and State departments of public welfare have been outlined elsewhere. The Children's Bureau has not, thus far, issued minimum personnel requirements for child-welfare personnel. However, in the plans developed jointly by the State agency and the Children's Bureau, personnel standards have been included. Through a process of negotiation it has been possible to obtain fairly general acceptance of the philosophy that child welfare is a specialized form of social service. Child-welfare services have, therefore, been predicated upon a personnel plan which insures qualified workers in every position, since planning with skill and judgment is the primary aim of the service. In formulating merit systems in the States where previously there has been neither a formal merit plan nor a civil-service system, the standards of personnel now in effect for child-welfare workers have been used, to a large extent, as the basis for writing personnel qualifications and classification material. In some instances, however, where the States are attempting to "even off" differentials in personnel qualifications and compensation, there is danger of lowering personnel standards that have already been established in the child-welfare field. Because of this, it seems im-

portant for the Children's Bureau to make some statement as to recommended standards for children's workers. In view of the progress in interpreting the need for qualified personnel and also in view of the differentials which have existed between States, it seems more desirable for the Children's Bureau to adopt recommended personnel standards than for it to issue required minimum qualifications. The material on personnel already employed gives a basis for the development of recommended standards. The Child Welfare Division has prepared material which has been submitted to a subcommittee on personnel of the Advisory Committee on Community Child Welfare Services for consideration.

SALARIES, TRAINING, AND EXPERIENCE OF WORKERS PAID FROM FEDERAL FUNDS²

On October 1, 1939, the salaries of 652 workers employed in State programs of child-welfare services were paid in whole or in part from Federal funds.³ Of these workers 258 were on the staffs of State welfare departments, and 394 were case workers in counties or other local areas.

Of the 258 workers on the staffs of State departments, 19 combined supervision of child-welfare work with supervision of various forms of public assistance; 70 of the 394 local workers had "coordinated" case loads, the most common combination being child-welfare services and aid to dependent children.

Salaries.

Of the workers on State staffs nearly one-fourth received annual salaries of \$2,500 or

more. The salaries of more than three-fifths of the local workers were from \$1,500 to \$2,000.

Annual salary	Number of workers	
	State	Local
Total.....	258	394
\$2,500 or more.....	59	4
\$2,000, less than \$2,500.....	90	35
\$1,500, less than \$2,000.....	92	240
Less than \$1,500.....	17	115

Education.

Graduation from college was reported for 91 percent both of the State and of the local workers.

Education	Number of workers	
	State	Local
Total.....	258	394
College graduate.....	226	329
Some college work.....	19	29
High school or equivalent.....	2	3
Not reported.....	11	33

Training in Schools of Social Work.

So far as could be ascertained, 59 percent of the State workers had received a year or more of training in a school of social work (not all in accredited schools) and 23 percent, less than a year. Of the local workers for whom this information was reported, 39 percent had attended schools of social work for a year or more and 32 percent, for less than a year.

Attendance at schools of social work	Number of workers	
	State	Local
Total.....	258	394
1 year or more.....	147	144
Less than 1 year.....	57	118
None.....	46	104
Not reported.....	8	28

At least 35 State workers and 63 local workers employed on October 1, 1939, attended schools of social work, mainly on educational leave, subsequent to their employment as child-welfare-service workers. In some States a considerable number of workers had received training in "in-service training centers."

Social-Service Experience.

Information in regard to work history prior to employment as child-welfare-service workers

² Prepared by Emma O. Lundberg, Assistant Director, Child Welfare Division.

³ These numbers do not include 20 persons who were on educational leave while attending schools of social work. 14 others paid from Federal funds who were receiving training in child-welfare agencies or were doing "field work" under supervision of State welfare workers and attending a school of social work. They also exclude the heads of 2 State child-welfare bureaus, whose salaries were paid in part from Federal funds, and 5 field workers in 2 States, whose salaries were paid from Federal child-welfare-service funds in lieu of payment of part of the salaries of 26 workers who supervised all forms of assistance, as well as child-welfare work, for the State welfare departments.

was insufficient for detailed analysis. "Child-welfare work" ranged from many years of case-work and supervisory experience in agencies of high standing to comparatively short periods of somewhat general social-service work in the child-welfare field. "Family welfare," likewise, included emergency relief work as well as case work or supervisory work in private family-service agencies. In neither group was experience totaling less than 6 months included, and field work as a part of training in schools of social work was not counted as experience. "Other social work" included occupations such as hospital social service, supervision of recreation, various types of group work, and similar services. A number of workers were employed on State staffs for professional work in fields allied to social service—as psychiatrists, psychologists, and so forth. These, as well as State

and local workers who had had no social-service experience but had been teachers, lawyers, ministers, nurses, and so forth, were classified as having "other professional experience."

Following is the previous experience of State and local workers paid in full or in part from Federal child-welfare-service funds:

Social-service experience	Number of workers	
	State	Local
Total	258	394
Child welfare only.....	24	31
Child welfare and family welfare.....	67	41
Child welfare and other social work....	12	7
Family welfare only.....	82	167
Family welfare and other social work...	16	19
Other social work only.....	24	15
Other professional only.....	13	10
None.....	13	67
Not reported	7	37

BOOK NOTES

Association for Childhood Education publications Bulletins issued by the Association for Childhood Education (1201 Sixteenth Street NW., Washington, D. C.) during the past few months and priced at 35 cents each include:

School Housing Needs of Young Children (compiled by Jean Betzner, 1939; 40 pp.), in which the emphasis is placed on details of classroom interiors and on out-of-door facilities for work and play.

Growth Through School Living (compiled by Claire T. Zyve, 1940; 40 pp.), which contains selections dealing with the evaluation of the educational growth of children.

Exploring Your Community (compiled by Gladys L. Potter, 1940; 31 pp.), which contains selections showing how children have learned to use the community through experiences in the grocery store, the harbor, the power plant, trains, and so forth.

Other recent publications of the Association for Childhood Education include:

Uses for Waste Materials (compiled by the Committee on Equipment and Supplies, 1939; 12 pp.; 20 cents).

Equipment and Supplies for Nursery Schools, Kindergartens, Primary Schools (compiled by Committee on Equipment and Supplies; revised, January 1940; 39 pp.; 50 cents; in lots of 25 or more, 40 cents).

Yearbook of the Association for Childhood Education, 1939 (68 pp.; 25 cents).

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CLINICAL ORGANIZATION FOR CHILD GUIDANCE WITHIN THE SCHOOLS, by Elise H. Martens. U. S. Department of the Interior, Office of Education. Bulletin 1939, No. 15. 78 pp.

Prepared at the request of a conference of specialists who met in Washington in May 1938 at the invitation of the Commissioner of Education, this bulletin outlines the objectives of the conference as follows:

1. To analyze the problems of organization in school systems for the diagnosis and treatment of behavior problems.

2. To assist school authorities to develop effective service in this field.

3. To determine the spheres in which the Office of Education can be of service to school systems in the development of such programs.

4. To assist in planning a study by the Office of Education of clinical organization in school systems.

The growth of the clinical point of view in education is described. This started with the recognition

of the value of a constructive pupil-teacher relationship and developed through the use of mental tests as a means to understanding individual differences and through the acceptance of the concept of the "whole child" as the object of attention.

Two functions of clinical service are emphasized: (1) The treatment of individual children; and (2) a preventive program that points out to school and community basic needs for the mental health of all children.

Most of the bulletin is devoted to describing various child-guidance organizations functioning in relation to schools. Representative organizations on a State-wide and county-wide basis are considered, and the manner is indicated in which school systems in small communities have provided child-guidance service by using State and county resources to supplement their needs. A discussion follows of programs in cities of moderate size and in large cities.

The final chapter presents the answers of the conference to questions pertinent to the establishment of child-guidance facilities in schools and communities, both large and small.

CHILD WELFARE IN GERMANY BEFORE AND AFTER NAZISM, by Walter Friedlander and Earl Dewey Myers. University of Chicago Press, Chicago, 1940. 273 pp. \$1.50. Processed.

Begun by the late Dr. Myers, of the faculty of the School of Social Work, Tulane University, this book was completed by Dr. Friedlander, formerly judge of juvenile and criminal court of Potsdam, Germany, and executive director of the Bureau of Public Assistance and Child Welfare of Berlin from 1921 to 1933. Dr. Friedlander came to the United States in 1937.

The authors trace the history of child welfare in Germany from its beginning until the present time; but most of their attention is concentrated on the post-war reconstruction period, 1919-32, with its emphasis on the child's health, happiness, and freedom of development.

The work of this period was based mainly on the National Child Welfare Law of 1922, which was welcomed by social workers in Germany and elsewhere as the culmination of Germany's effort to repair the damages done by the war to its young generation. "Every German child has the right to education for the development of physical, mental, spiritual, and social competence," is the opening sentence of the law, which introduced in Germany a centralized, nation-wide system of public child-welfare administration based on uniformity of method and procedure and on cooperation with private effort.

The authors describe child-welfare services under this law and other laws of the reconstruction period, treating in detail the care of dependent children and of those of illegitimate birth, correctional education, juvenile delinquency, child labor, unemployment, and other problems. They bring out the characteristics of the welfare work of the reconstruction period, often called the Weimar period: Concern for the individual child and the individual family; recognition of the child's rights to the best possible development and training; and emphasis on prevention of neglect and ill health, and on the need for trained social-service personnel.

The National Socialist Government, on coming into power early in 1933, announced its opposition to the Weimar system of public-welfare work. The emphasis in social work was shifted from individual welfare to the good of the National Socialist State and from Government support to private aid; and trained social workers were replaced by unpaid and mostly untrained volunteer members of the controlling party. These and other changes are described by the authors in several places in the book and in the concluding chapter.

An extensive bibliography and an index complete the report.

A MODERN PHYSICAL EDUCATION PROGRAM FOR BOYS AND GIRLS, by Vaughn S. Blanchard and Laurentine B. Collins. A. S. Barnes & Co., New York, 1940. 350 pp. \$2.

The authors present this book as a practical guide in curriculum planning and in the everyday teaching of physical education. Its suggestions are based on the premise that the physical-education program in secondary schools should emphasize the cooperative and co-educational relationships of boys and girls as well as their needs as individuals.

Information is given on the organization of program material and on the contributions of the school administration and of the physical-education department to the curriculum. The general objectives, organization, and administration of the gymnasium, pool, and playground programs are described, and a brief chapter deals with the health program. The text is illustrated by many photographs and diagrams.

A section on supplementary materials deals with diagrams, plans, grading devices, procedures, and forms to facilitate the conduct of an activity program in physical education; regulations for swimming pools and duties of bath attendants; decathlon scoring systems; fieldball rules. Seventeen pages of selected references are given.

• BIRTH •

• GROWTH •

• CHILD HEALTH •

Summary of Report on Maternal and Child-Health Services Under Title V, Part 1, of the Social Security Act¹

By EDWIN F. DAILY, M. D.

Director, Maternal and Child Health Division, U. S. Children's Bureau

PROGRESS REPORT, 1939

Progress reports from the State health departments for the fiscal year ended June 30, 1939, show that many new activities have been undertaken by State and local health authorities and that many more children and pregnant women are benefiting from the funds granted to States under title V, part 1, of the Social Security Act.

Prenatal clinics and child-health conferences.—State health departments reported to the Children's Bureau that 347 new maternity clinic centers for prenatal and postpartum services were established during the fiscal year 1939, making a total of 1,229 such centers in 37 States² administered or supervised by State health departments (table 1). More than one-half of these 1,229 prenatal clinics have been established during the past 2 years. This count was limited to clinics conducted at least once a month with a physician in attendance. Seventeen percent of the rural counties and 26 percent of the urban counties were reported to have such prenatal clinics (table 2) under the supervision of the State health department.

Fourteen States reported no prenatal clinics under State health department auspices. Likewise, 2,500 counties reported no prenatal clinic under such auspices. It is of course recognized that within these 2,500 counties there are some

cities in which prenatal clinics are conducted in hospitals, out-patient clinics, or by other agencies under public or private auspices. It is not known, however, how many such municipal clinics there are nor to what extent there is a need for additional clinic service. The Children's Bureau is planning a questionnaire survey to determine the number of communities that have a prenatal clinic at the hospital or in the community, where pregnant women who cannot afford to secure prenatal care in the office of practicing physicians may go for medical advice.

Five hundred and twenty-two new permanent child-health-conference centers were established during the year by State health departments, making a total of 2,394 centers in 41 States where conferences were conducted by physicians at least once a month (table 1). There are many more areas where these conferences are held only in the summer months or only during the school year or at irregular intervals when the doctors and nurses can arrange for them.

Ten State health departments report no child-health conferences conducted under State health department supervision. About 2,300 counties have no child-health conferences under the supervision of the State health agency. Some of these have child-health conferences conducted in cities under municipal or private auspices, but it is not known how many municipal centers there are, nor to what extent there is need for additional conferences in cities. A survey of municipal child-health conferences is needed.

¹ Given before General Advisory Committee on Maternal and Child-Welfare Services, March 4, 1940.

² "State," as used in this report, includes the Territories of Alaska and Hawaii and the District of Columbia.

TABLE 1.—*Maternity and child-health-conference centers supervised by State health agencies, by State, year ended June 30, 1939*

State	Maternity centers (prenatal and postpartum)		Child-health-conference centers (infant and preschool)	
	Total, June 30, 1939	Number estab- lished dur- ing year ended June 30, 1939	Total, June 30, 1939	Number estab- lished dur- ing year ended June 30, 1939
United States.....	1, 229	347	2, 394	522
Alabama.....	55	35	14	1
Alaska.....	1	1	2	1
Arizona.....	27	5	37	13
Arkansas.....	7	4	6	2
California.....	6	1	299	32
Colorado.....	7	4	7	5
Connecticut.....	1	1	58	1
Delaware.....	1	1	20	1
District of Columbia.....	8	1	14	1
Florida.....	43	17	30	8
Georgia.....	181	88	204	80
Hawaii.....	30	3	89	8
Idaho.....	4	2	9	8
Illinois.....	5	1	8	1
Indiana.....	1	1	4	1
Iowa.....	94	12	225	60
Kansas.....	9	5	1	1
Kentucky.....	51	11	64	4
Louisiana.....	17	1	26	1
Maine.....	122	59	234	76
Maryland.....	1	1	41	40
Massachusetts.....	1	1	10	8
Michigan.....	1	1	9	2
Minnesota.....	3	1	7	7
Mississippi.....	2	1	95	1
Missouri.....	28	6	41	7
Montana.....	43	1	56	8
Nebraska.....	171	17	171	17
Nevada.....	18	4	61	33
New Hampshire.....	7	5	16	9
New Jersey.....	14	1	180	1
New Mexico.....	1	1	20	1
New York.....	117	25	65	22
North Carolina.....	3	1	3	1
North Dakota.....	19	1	73	16
Ohio.....	22	7	36	9
Oklahoma.....	9	1	66	6
Oregon.....	1	1	11	2
Pennsylvania.....	74	19	26	6
Rhode Island.....	1	1	1	1
South Carolina.....	27	11	54	25
South Dakota.....	1	1	1	1
Tennessee.....	1	1	1	1
Texas.....	1	1	1	1
Utah.....	1	1	1	1
Vermont.....	1	1	1	1
Virginia.....	1	1	1	1
Washington.....	1	1	1	1
West Virginia.....	1	1	1	1
Wisconsin.....	1	1	1	1
Wyoming.....	1	1	1	1

In many counties, however, where great need exists, child-health conferences have not been developed, often because medical groups have not wished to have the health department provide health supervision for well children in groups, even though the parents of these children would not otherwise secure such service.

Many of the State health departments have adopted the policy of paying qualified local physicians to conduct the clinics and in these States the services are now being provided on a much more satisfactory basis.

Some State and local medical societies are still reported to be opposed to any type of medical supervision on a clinic or conference basis. In all fairness it should be stated, however, that in many States the medical societies are rendering great assistance to the official health agencies in the development of these health services.

The number of local practicing physicians paid from maternal and child-health funds for their services in prenatal clinics last year was 1,178, an increase of 413 physicians (54 percent) over 1938 figures, and the number of such physicians in child-health conferences was 2,634, an increase of 489 physicians (23 percent) (table 3).

Dental programs.—State health departments reported that dental-health-education programs were carried on by dentists or dental hygienists in 900 counties in 36 States and that corrective dental services were provided in 630 counties in 29 States (table 4). The number of practicing dentists who were paid from maternal and child-health funds for their services in clinics or conferences was 766. What the developments should be in the dental aspects of the public-health program is not yet clear. Large sums have been spent on dental-health education, but few efforts have been made to determine, if it is possible to do so, whether or not dental health has been improved. Early correction of dental defects or diseases is of course desirable, but the problem is of such magnitude for the country as a whole that it cannot be met with the present resources of knowledge or professional personnel.

TABLE 2.—Services provided under State health agencies in rural and urban counties,¹ year ended June 30, 1939

Services provided	Total counties		Rural counties		Total		Urban counties							
							Size of largest city							
							10,000, less than 25,000		25,000, less than 50,000		50,000, less than 100,000		100,000 or more	
	Number	Per-cent of total counties	Num-ber	Per-cent of rural counties	Num-ber	Per-cent of urban counties	Num-ber	Per-cent of counties with cities of this size	Num-ber	Per-cent of counties with cities of this size	Num-ber	Per-cent of counties with cities of this size	Num-ber	Per-cent of counties with cities of this size
Total counties.....	3,076		2,453		623		341		121		67		94	
Counties with one or more specified services provided....	2,187	71	1,671	68	516	83	280	82	102	84	56	84	78	83
Full-time health units.....	1,318	43	967	39	351	56	191	56	71	59	36	54	53	56
Maternity service:														
Prenatal and postpartum clinics.....	573	19	414	17	159	26	79	23	29	24	23	34	28	30
Prenatal and postpartum nursing service through:														
Home visits.....	1,918	62	1,481	60	437	70	232	68	36	71	53	79	66	70
Group instruction in maternity care.....	849	28	639	26	210	34	115	34	38	31	26	39	31	33
Organized home-delivery-nursing service.....	102	3	54	2	48	8	25	7	7	6	4	6	12	13
Infant and preschool:														
Medical conferences.....	753	24	511	21	242	39	115	34	50	41	36	54	41	44
Nursing service through:														
Home visits.....	1,957	64	1,501	61	456	73	241	71	93	77	53	79	69	73
Group instruction in child care.....	834	27	617	25	217	35	113	33	45	37	25	37	34	36
School:														
Medical examinations.....	1,252	41	942	38	310	50	170	50	55	45	34	51	51	54
Nursing supervision.....	1,819	59	1,399	57	420	67	221	65	89	74	48	72	62	66
Services of dentists or dental hygienists:														
Educational.....	900	29	659	27	241	39	122	36	49	40	27	40	43	46
Inspection.....	922	30	697	28	225	36	122	36	41	34	21	31	41	44
Corrective.....	630	20	472	19	158	25	78	23	28	23	19	28	33	36
Services of nutritionists.....	489	16	317	13	172	28	82	24	32	26	21	31	37	39
Counties with no specified services provided.....	889	29	782	32	107	17	61	18	19	16	11	16	16	17

¹ Counties classified as rural are those with no city of 10,000 or more population; all others are classified as urban.² Includes New York City (5 counties), District of Columbia (1 county), Yellowstone Park (1 county), and Hawaii (4 counties).

Public-health nursing.—Approximately 2,000 of the 3,076 counties in the United States now have public-health nurses supervised by the health departments, who include maternity service in their nursing program (table 2). However, in far too many of these 2,000 counties only one public-health nurse is attempting to serve thousands of persons for all types of public-health-nursing services. More than 1,100 counties have no public-health nurses under State health departments who include service to maternity patients in their homes. There are now 6,080 public-health nurses rend-

ering services under the maternal and child-health programs. Four hundred and eighteen of these nurses are supervisors or consultants; 5,662 are staff nurses (table 5).

There are 102 counties in the United States where nursing service at home during labor and at time of delivery is guaranteed by the health departments at all times, day or night. We believe that the presence of a trained nurse with the physician during this critical time is one of the most valuable nursing services provided under the public-health programs. At no time is the mother more in need of expert

care. Nursing care of the infant during the first few hours of life will do more to reduce the number of infant deaths than nursing assistance at any other time during infancy. It is an expensive type of nursing service, requiring considerable time and, of course, special training in home-delivery-nursing technique. Therefore, this type of service can be developed in only a few areas each year. The patients like the service so much that they come from outside the county to be delivered at the homes of relatives or friends so that they may have the nurse's assistance. The doctors in every county where this service has been established have been the greatest "boosters" for this service. The Children's Bureau received a letter from a county medical society recently pleading for more funds to extend this service in that county. The State health officers cannot begin to meet the demand for this type of nursing service.

TABLE 3.—Services for which practicing physicians, dentists, and nurses received payments, year ended June 30, 1939

Type of service	Persons receiving payment					
	Physicians		Dentists		Nurses	
	Number	Number of States in which service was given	Number	Number of States in which service was given	Number	Number of States in which service was given
Prenatal and postpartum clinics.....	1, 178	24	22	4	-----	-----
Infant and pre-school conferences.....	2, 634	33	291	16	-----	-----
Examinations of school children.....	634	9	453	11	-----	-----
Clinic consultations.....	113	5	-----	-----	-----	-----
Home-delivery nursing.....	-----	-----	-----	-----	322	9

Postgraduate education.—Almost 800 professional employees of health departments who render services in the maternal and child-health programs were given postgraduate education last year in recognized training centers, mostly schools of public health or of public-health nursing (table 6). One hundred and fifteen of these were physicians, 34 were dentists, 5 were nutritionists, and 640 were public-health nurses.

The number of fully qualified professional personnel serving in these programs is still far below the demand. The States will have to continue for several years at least to provide special graduate training for some of their staff, if they expect to maintain high standards of qualifications. Whether or not the State health departments should continue to pay for graduate education for their staffs is a problem requiring further consideration. When public agencies cannot secure qualified personnel, should they assume the financial responsibility of training personnel? Postgraduate education for practicing physicians and dentists provided in 1939 included—

2,152 obstetric lectures and teaching clinics in 617 communities, with more than 14,000 physicians attending.

1,284 pediatric lectures in 499 communities, with more than 14,000 physicians attending.

282 lectures on children's dentistry in 158 communities, with about 5,000 dentists attending.

Many State health departments now plan postgraduate-education programs on a permanent basis, making them easily available to all physicians in the State, and are adding courses on the treatment of syphilis and pneumonia, and other branches of medicine. The Children's Bureau has constantly urged the State health departments to develop these courses in cooperation with State medical schools whenever possible. The most interesting development in postgraduate education planned by State health departments under these programs is the short clinical postgraduate course (of 2 to 5 weeks' duration) being made available in cooperation with the larger medical schools. The lecture courses and clinics in communities throughout the State showed that many practicing physicians wished to go to the larger teaching centers for short clinical courses. There were few places in the United States where such courses were offered. This year at least eight State health departments have made these courses possible in cooperation with medical schools. The Federal grants-in-aid are paying the entire cost in practically every instance. These are small beginnings of what may prove to be a new pattern of financing graduate medical education.

TABLE 4.—Number of counties with specified type of service, by State, year ended June 30, 1939

State	Total counties with 1 or more services	Full-time health units	Maternity service				Infant and preschool health			School health		Services of dentists or dental hygienists				No specified service provided
			Prenatal or postpartum clinics	Prenatal or postpartum nursing service through—		Organized home-delivery-nursing service	Medical conferences	Nursing service through—		Medical examinations	Nursing supervision	Educational	Inspection	Corrective		
				Home visits	Group instruction in maternity care			Home visits	Group instruction							
United States	2, 187	1, 318	573	1, 918	849	102	753	1, 957	834	1, 252	1, 819	900	922	630	489	889
Alabama	67	67	27	67	22	1	4	66	2	67	67	18	18	19	35	---
Alaska ¹	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Arizona	10	6	9	10	5	---	10	10	2	5	8	---	5	7	---	4
Arkansas	75	68	7	75	26	---	6	75	24	41	74	15	6	15	---	---
California	49	18	6	21	2	1	39	42	1	---	48	32	31	17	5	9
Colorado	36	2	5	36	36	5	5	36	36	2	36	---	---	---	---	27
Connecticut	8	---	---	1	2	1	8	8	---	---	---	8	8	---	8	---
Delaware	3	3	1	3	1	---	3	3	1	3	3	3	3	---	3	---
District of Columbia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	---
Florida	17	17	15	17	16	1	12	17	15	17	17	14	13	13	---	50
Georgia	159	54	84	159	91	1	64	158	66	53	159	71	99	99	3	---
Hawaii	4	---	4	4	4	---	4	4	4	4	4	---	---	---	---	---
Idaho	11	9	3	9	9	4	3	9	10	11	10	---	---	---	3	33
Illinois	90	69	---	37	16	5	---	39	16	42	85	---	---	---	34	12
Indiana	71	23	5	59	55	3	13	63	60	58	63	43	10	7	6	21
Iowa	27	27	1	27	15	1	---	27	15	2	26	---	---	---	---	72
Kansas	79	4	2	26	26	2	1	24	24	15	25	25	72	21	42	26
Kentucky	92	88	82	88	4	11	86	88	5	87	87	41	38	43	---	28
Louisiana	41	41	7	41	22	2	1	41	17	41	38	41	41	41	21	23
Maine	16	16	---	16	1	1	1	16	---	---	11	16	1	---	16	---
Maryland	23	23	20	23	13	3	13	23	13	23	23	---	12	12	18	---
Massachusetts	14	3	---	2	7	2	10	8	3	1	4	14	---	---	14	---
Michigan	69	60	---	60	2	2	---	60	1	60	60	---	51	52	35	14
Minnesota	59	16	1	44	42	6	10	53	51	29	55	32	28	12	19	28
Mississippi	56	39	39	51	51	1	39	51	51	39	51	27	27	---	---	26
Missouri	112	112	1	112	1	---	7	112	1	61	61	76	63	50	---	2
Montana	35	4	---	30	1	1	6	32	7	5	34	5	4	---	2	---
Nebraska	16	16	---	16	4	---	---	16	---	16	16	16	---	---	---	77
Nevada	17	---	1	17	12	---	3	17	17	13	17	10	10	10	---	---
New Hampshire	10	2	2	10	10	2	5	10	9	---	---	---	7	7	---	---
New Jersey	21	21	2	19	4	20	17	19	12	19	19	12	12	12	21	---
New Mexico	31	31	12	31	10	---	17	31	8	28	31	---	1	1	---	---
New York	57	57	26	57	9	4	19	57	20	---	55	13	13	5	54	5
North Carolina	77	74	50	55	50	1	50	55	50	55	55	67	67	67	11	23
North Dakota	26	6	---	26	8	3	---	26	1	---	26	---	---	---	---	27
Ohio	86	49	---	73	9	3	---	75	9	81	78	37	42	7	2	2
Oklahoma	77	13	6	77	6	1	37	77	5	37	38	42	34	17	76	---
Oregon	35	15	8	34	13	1	9	34	11	21	34	18	23	5	1	1
Pennsylvania	66	---	11	66	1	---	59	66	1	66	66	9	9	---	1	1
Rhode Island	5	5	---	5	2	---	5	5	2	3	5	---	---	---	---	---
South Carolina	46	46	46	45	39	1	36	45	39	43	40	23	20	---	---	---
South Dakota	37	11	3	37	31	3	4	37	31	28	37	19	19	---	---	32
Tennessee	57	57	10	57	17	2	26	55	20	55	55	20	42	36	---	38
Texas	44	18	13	44	31	---	18	44	30	20	42	15	27	16	4	210
Utah	29	29	4	27	1	2	24	25	1	29	28	19	20	5	22	---
Vermont	11	11	---	11	11	3	11	11	11	11	11	11	11	---	---	3
Virginia	57	38	37	37	37	---	35	35	35	---	---	31	31	31	---	43
Washington	39	17	1	39	6	---	---	39	---	---	---	4	---	---	---	---
West Virginia	39	29	21	39	32	1	31	37	30	31	36	---	---	---	---	16
Wisconsin	71	3	---	68	35	---	---	67	65	29	71	52	---	---	34	---
Wyoming	9	---	---	9	---	---	1	8	1	---	9	---	---	---	---	15

¹ Alaska has no county system.

TABLE 5.—Specified types of activities, by State, year ended June 30, 1939

State	School health education				Number of communities having medical examinations of school children	Instruction in nutrition		Number of nutritionists giving nutrition service		Number of public-health nurses rendering MCH services under administration or supervision of State health agency		
	In teacher-training schools	In public schools	In classes in high schools in maternal and infant care			In-service education for physicians, dentists, dental hygienists, and nurses	Cooperation with other agencies	Under administration or supervision of State health agency	Consultation service to MCH program	Total	Supervisory or advisory	Nonsupervisory
			Number of communities	Total enrollment								
United States	(1)	(1)	1, 043	66, 245	8, 118	(1)	(1)	42	99	6, 080	418	5, 662
Alabama	Yes	Yes			(2)	Yes	Yes	2		174	16	158
Alaska	No	Yes			26	No	No		1	13	1	12
Arizona	Yes	Yes	1	20	(2)	Yes	Yes			33	2	31
Arkansas	Yes	Yes	12	160	(2)	No	No			104	6	98
California	No	Yes				Yes	Yes	3	1	117	13	104
Colorado	Yes	Yes	3	30	3	Yes	Yes			62	8	54
Connecticut	Yes	Yes				Yes	Yes	1		11	1	10
Delaware	Yes	Yes	5	125	51	Yes	Yes	1	1	26	3	23
District of Columbia	No	No				No	Yes	1		73	9	64
Florida	No	Yes			(2)	No	Yes			62	16	46
Georgia	Yes	Yes	(2)	(2)	(2)	Yes	Yes		1	188	5	183
Hawaii	No	Yes			(2)	Yes	Yes			65	13	52
Idaho	Yes	Yes	5	(2)	71	Yes	Yes		5	30	5	25
Illinois	Yes	Yes			189	Yes	Yes	3		69	13	56
Indiana	Yes	Yes	10	1, 200	6	Yes	Yes	1	5	508	15	493
Iowa	Yes	Yes	67	1, 134	2	No	Yes			45	5	40
Kansas	Yes	Yes			(2)	Yes	Yes	1		46	4	42
Kentucky	Yes	Yes	(2)	(2)	880	Yes	Yes		(2)	155	5	150
Louisiana	Yes	Yes	(2)	(2)	(2)	Yes	Yes	1		107	8	99
Maine	No	Yes				Yes	Yes	1		32	4	28
Maryland	No	Yes			(2)	Yes	Yes	1	1	94	2	92
Massachusetts	Yes	Yes			1	Yes	Yes	8	21	(2)	(2)	(2)
Michigan	Yes	Yes	129	36, 774	60	Yes	Yes	1	2	370	22	348
Minnesota	Yes	Yes	83	2, 033	52	Yes	Yes	1	3	166	8	158
Mississippi	Yes	Yes	235	11, 854	630	Yes	Yes			125	8	117
Missouri	Yes	Yes			1, 308	Yes	Yes		2	107	5	102
Montana	No	Yes				Yes	No		1	55	3	52
Nebraska	No	Yes			248	No	Yes			20	5	15
Nevada	No	Yes	6	221	43	Yes	Yes		4	12	1	11
New Hampshire	Yes	No	1	100		Yes	Yes	1	2	25		25
New Jersey	No	Yes	9	250	535	Yes	No		19	218	18	200
New Mexico	Yes	Yes	(2)	(2)	(2)	Yes	Yes			62	6	56
New York	No	No				Yes	Yes	3	8	556	39	517
North Carolina	Yes	Yes			76	Yes	Yes	1	(2)	265	26	239
North Dakota	Yes	Yes				Yes	Yes			45	3	42
Ohio	No	Yes			94	Yes	Yes	3		618	24	594
Oklahoma	Yes	Yes	5	162	271	Yes	Yes	1	2	92	12	80
Oregon	Yes	Yes			(2)	No	No			87	8	79
Pennsylvania	No	No			1, 414	No	Yes	3		167	9	158
Rhode Island	No	Yes			6	Yes	Yes		1	19	2	17
South Carolina	No	Yes	9	905	1, 228	No	No		9	95	6	89
South Dakota	No	Yes	62	761	98	Yes	Yes		1	44	3	41
Tennessee	Yes	Yes	80	2, 262	(2)	Yes	Yes			165	5	160
Texas	Yes	Yes	5	200	750	Yes	No	1		150	21	129
Utah	Yes	Yes				Yes	Yes	1		57	7	50
Vermont	Yes	Yes			48	Yes	Yes			19	2	17
Virginia	Yes	Yes	(2)	(2)	(2)	Yes	Yes			86	5	81
Washington	Yes	Yes				Yes	Yes	1	2	90	3	87
West Virginia	Yes	Yes	(2)	(2)	(2)	Yes	Yes			65	5	60
Wisconsin	Yes	Yes	316	8, 054	28	Yes	Yes	1	7	273	6	267
Wyoming	No	Yes				Yes	Yes			13	2	11

¹ School health education was reported in teacher-training schools by 33 States and in public schools by 47; instruction in nutrition was reported through in-service education by 42 States and through cooperation with other agencies by 44.

² Not reported.

It has been recommended that physicians and nurses participating in prenatal clinics and

child-health conferences under maternal and child-health programs be given special training

for this type of service and that continued supervision and consultation be made available. Several States have now developed practical courses in prenatal care and the health supervision of well children for the physicians employed to conduct clinics and conferences. Other States are sending these physicians to special courses in nearby States. Eighty-three full-time pediatricians and obstetricians have

been employed on State staffs to work with local physicians conducting clinics and conferences, advising them and observing whether or not a satisfactory type of service is being rendered. The American Academy of Pediatrics has taken an active interest and plans to have its members assist the State health agencies in systematically evaluating the services rendered in the child-health conferences.

Standards for maternity hospitals and homes.—The Children's Bureau has given to the States a list of important suggestions that should be considered in any new legislation formulating standards for hospitals and homes accepting maternity patients and has urged the employment of qualified staff by the health departments to carry out the provisions of these laws. Five States have recently adopted rules and regulations for the conduct of hospitals and homes accepting maternity patients, and several States have strengthened the existing rules and regulations on this subject. The health departments of 17 States and Hawaii now have the responsibility of licensing and regulating hospitals or homes accepting maternity patients.

Merit system.—Within the past few months 33 health departments have been working toward the establishment of a merit system of personnel administration which, among other things, requires the selection of personnel on the basis of qualifications only. The remaining 19 State health departments already were operating under civil-service laws. Rules and regulations governing the merit system and the classification and compensation plans have been submitted or are being prepared by the State agencies.

Syphilis control.—Twenty States now have laws requiring blood tests for syphilis before marriage certificates will be issued. Eighteen States now have laws requiring physicians to take a blood test for syphilis on all pregnant patients. In New York State, where such a law is in force, a study has shown that 95 percent of the pregnant women received blood tests for syphilis, but only one-fourth of the tests were made before the fifth month of pregnancy, and one-third of the tests were taken at or near time of delivery. The Children's

TABLE 6.—*Postgraduate education received by staff members, year ended June 30, 1939*

Type of course and staff members receiving—	Number of States in which given	Number of staff members receiving
All types of courses.....	44	794
Physicians.....	21	115
Dentists.....	9	34
Nutritionists.....	5	5
Public-health nurses.....	42	¹ 640
Supervisory.....	29	75
Nonsupervisory.....	40	565
General public-health courses.....	39	554
Physicians.....	17	94
Dentists.....	6	6
Nutritionists.....	2	2
Public-health nurses.....	38	¹ 452
Supervisory.....	19	31
Nonsupervisory.....	36	421
Other types of courses.....	27	246
Physicians.....	10	21
Obstetrics.....	3	3
Pediatrics.....	3	7
Venereal disease.....	3	10
Type not reported.....	1	1
Dentists:		
Public-health dentistry.....	3	28
Nutritionists:		
Nutrition.....	3	3
Public-health nurses.....	24	¹ 194
Maternity nursing care.....	11	103
Pediatrics.....	3	4
Orthopedic nursing.....	2	25
Venereal disease.....	5	27
Physiotherapy.....	1	2
Public-health-nursing supervision.....	1	6
Type not reported.....	5	27

¹ Of these 640 nurses, 6 received both general public-health and other types of training.

Bureau would be interested to learn what the reaction has been to these laws in the States. They are considered a great step forward. There is need, however, for careful analyses and follow-up studies.

PROPOSED EXPENDITURES FOR THE SERVICES OF PROFESSIONAL PERSONNEL, 1940

The following is a summary of amounts budgeted for the fiscal year 1940 for various types of services rendered by professional personnel:

Professional personnel and services	Amount paid
418 physicians on State and local staffs.....	\$1,051,459.50
Practicing physicians.....	336,292.84
68 dentists on State and local staffs.....	197,074.50
33 dental hygienists on State and local staffs.....	66,883.00
Practicing dentists and dental hygienists.....	152,898.31
2,760 public-health nurses on State and local staffs.....	3,920,528.64
Local graduate nurses.....	12,337.02
49 nutritionists on State and local staffs.....	139,260.00
40 health educators on State and local staffs.....	125,918.50
Postgraduate education—medical, dental, nursing.....	252,530.64

This summary does not include the proposed expenditure of the additional \$1,000,000 appropriated by Congress for the first 6 months of 1940. The States have budgeted practically all of the new appropriation: the largest share has been used by the States for employing additional obstetricians and pediatricians to supervise and teach in the clinics and conferences, to increase the amounts available to pay for medical, dental, and nursing services in these clinics, for

postgraduate education and, in selected areas, to pay for complete medical and hospital care at time of delivery and also for sick children.

PUERTO RICO

Puerto Rico now has an approved plan for maternal and child-health services. Puerto Rico has a population of about 2 million, a birth rate twice that of the United States, and excessively high maternal and infant mortality rates. More than 68,000 live births are reported each year, only 10 percent of which are attended by a doctor. The allotment of Federal maternal and child-health funds for Puerto Rico will be approximately \$190,000 for the fiscal year 1941.

MATERNAL AND INFANT MORTALITY RATES

Results of widespread efforts to improve the health of maternity patients and children as shown by mortality rates are extremely gratifying.

The maternal mortality rate for 1938 was 11 percent lower than that for 1937 and 23 percent lower than that for 1936. Provisional rates indicate a 9 percent further decrease in 1939. The number of maternal deaths in 1938 was 9,953. This is 816 fewer than in 1937 and 2,229 fewer than in 1936.

The infant mortality rate for 1938 was 6 percent lower than that for 1937 and 11 percent lower than that for 1936. Provisional rates indicate a 6 percent further decrease in 1939. The number of infant deaths in 1938 was 116,702. This is 3,229 fewer deaths than in 1937 and 5,833 fewer than in 1936.

NEWS NOTES

American Committee on Maternal Welfare issues new periodical *The Mother*, quarterly bulletin of the American Committee on Maternal Welfare (650 Rush Street, Chicago) made its first appearance in April 1940. *The Mother*, a subscription to which is included with membership on the committee, is to serve as a means of disseminating information among medical, nursing, public-health, educational, institutional, and other groups, regarding the

plans and programs of maternal welfare which are being carried out in various communities. It is not intended to be a medical journal or to present scientific articles.

Volume 1, number 1 (April 1940), contains a report, *Classification of the Toxemias of Pregnancy*, which has been developed by the committee to overcome the lack of uniform terminology in this field.

American Public Health Association Year Book The Tenth Annual Year Book, American Public Health Association, 1939-1940, contains the reports of section committees on engineering, food and nutrition, industrial hygiene, laboratory, public-health education, public-health nursing, and vital statistics; also the committee list, 1939-40, containing the names of the committee members and resolutions adopted by the association, October 17, 1939.

Supplement to American Journal of Public Health, Vol. 30, No. 2 (February 1940).

Bulletins of National Society for Crippled Children As a monthly service to its affiliated societies and to its institutional members, the National Society for Crippled Children, Elyria, Ohio, has begun to issue a *Bulletin on Current Literature* of interest to workers with crippled children. Volume 1, number 6, appeared in June 1940.

Directory of Camps and Summer Activities for Crippled Children in the United States,

issued by the International and National Societies for Crippled Children, Elyria, Ohio, under date of May 1940, as Institutional Bulletin No. 29, lists 59 agencies in 19 States and the District of Columbia that maintain camps or other special summer programs for crippled children. These include camps specializing in various types of crippling, such as post-infantile-paralysis cases and spastics. Most of them accept both private cases at moderate rates and free cases. Many provide also for normal children.

CORRECTION

In "Methods of Teaching Prevention of Diarrhea in New Mexico," by Hester B. Curtis, M. D., in *The Child*, May-June 1940, page 295, column 2, lines 14-16 should read:

All the local public-health nurses visit mothers in their own homes.

BOOK NOTES

DIRECTORY OF MEDICAL SPECIALISTS CERTIFIED BY AMERICAN BOARDS, 1939. Paul Titus, M. D., directing editor. Published for the Advisory Board for Medical Specialties by Columbia University Press, New York, 1940. 1573 pp. \$5.

The publication of an official directory, listing the names, addresses, and biographic data of the more than 14,000 specialists certified by the American Boards was authorized by the Advisory Board for Medical Specialties at its meeting in Chicago, February 1939.

The directory has been designed closely to coordinate the work of the several special boards by combining in one volume the details of the activities of all the boards, with lists of their diplomates.

The first section outlines the general aim of the Advisory Board for Medical Specialties toward improving the standards of graduate medical education and training and the practice of medical specialties in the United States and Canada. The Advisory Board is composed of representatives from each of the special American Boards and certain other groups directly concerned with graduate medical education.

Separate sections are devoted to the special boards. The last section contains an alphabetical list of diplomates with the address of each and the name of the special board granting his certification.

MANUAL OF PUBLIC HEALTH NURSING. Prepared by the National Organization for Public Health Nursing. Third edition. Macmillan Co., New York, 1939. 529 pp.

The range of subjects covered by the 1939 Manual of Public Health Nursing, prepared by the National Organization for Public Health Nursing, is similar to that in the 1932 edition. The 1939 edition, however, has been divided into three main sections instead of two. The first part, Administration and Organization, discusses the definition of public-health nursing, plan of work, administrative and office details, and relationships with other agencies. The second part, Family Health, deals with subjects such as family-health service, home visits, health classes, conferences, clubs and clinics, and standing orders. One hundred and fifty-five pages are used for these two sections. The third part, Services to the Family, is devoted to a detailed discussion of procedures and techniques of the various nursing services.

This long-awaited revision of the manual is designed to serve many of the needs of public-health nurses, particularly those of nurses who are working alone without close supervision. Although an increasing number of agencies, both private and official, have prepared and made available to their staffs manuals of procedure ap-

applicable to their immediate situations, organizations do not always have convenient access to reliable information in regard to the changing concepts and newer aspects of public-health nursing.

TEETH, HEALTH, AND APPEARANCE, by Lon W. Morrey, D. D. S. American Dental Association, 212 East Superior Street, Chicago, 1940. 47 pp.

Diagrams and photographs showing healthy and diseased teeth, and the development, structure, and position of teeth in the jaw are accompanied by brief textual explanations in large type. The correct method of brushing the teeth is shown. The material in this volume was developed by the supervisor of the Bureau of Public Relations of the American Dental Association.

The principal purpose of this book is to show how a clean, healthy condition of the teeth can be obtained without great expense, if the teeth are cared for in time. "Preventive dentistry includes more frequent cleaning of the teeth, the filling of small cavities, and the preservation of healthy deciduous teeth until they are normally shed. It also includes the correction of malocclusion in young children and the early recognition and treatment of infection of the gums."

MOTHERS' MILK. Mothers' Milk Bureau of the Children's Welfare Federation of New York City. New York, 1939. 20 pp.

Reprints of three articles on mothers' milk by Carl Laws, M. D., and Esther G. Skelley, R. N., which appeared in the August and September 1938 and April 1939 issues of the *American Journal of Nursing*, make up this pamphlet.

The Mothers' Milk Bureau, it is stated in the foreword, has collected and distributed more than 1,641,000 ounces of mothers' milk to approximately 7,050 babies during the past 18 years and presents this booklet in the hope that it will stimulate wider interest in the use of mothers' milk for feeding premature and ill infants.

One article gives a general account of the work of the Mothers' Milk Bureau; the second describes the preservation of maternal milk; and the third is on the technique of manual expression of mothers' milk.

THE HEALTH OF THE SCHOOL CHILD, by Max Seham, M. D. Reprinted from *American Teacher*, December 1939. 4 pp.

"The new school hygiene," states Dr. Seham, "demands the prevention, early recognition, and early treatment of all deviations from the normal that interfere with efficient school work whether they are physical handicaps or behavior inadequacies." He gives a brief summary of replies by city and county school superintendents in Minnesota to a questionnaire concerning the need for and supply of school-health services.

THE COMPLETE PEDIATRICIAN; practical, diagnostic, therapeutic, and preventive pediatrics, by Wilburt C. Davison, M. D. Third edition. Duke University Press, Durham, N. C., 1940. 256 pages plus index. \$3.75.

This third edition, in which 10,000 lines were changed, was written because of the accumulation of additional pediatric information during the past 3 years. The preface points out that, as few physicians have leisure to read the rising flood of pediatric literature, this book may prove useful, "not only as a placer miner's sieve to collect and sort the nuggets, but also to add them to the present hoard."

The author gives instructions for using the book, in which the symptoms and diseases have been divided into seven chapters on the basis of the anatomical system chiefly involved.

FIFTEEN YEARS' OBSERVATION OF CHILDREN WITH RHEUMATIC HEART DISEASE, by William D. Stroud, M. D., and Paul H. Twaddle, M. D. *Journal of American Medical Association*, Vol. 114, No. 8 (Feb. 24, 1940), pp. 629-634.

The cases of 685 children threatened with or suffering from rheumatic heart disease who were treated at the Children's Heart Hospital of Philadelphia between 1922 and 1937 are reported in this paper. A previous report, covering the period 1922 to 1932 appeared in the *Journal of the American Medical Association* for August 12, 1933.

Of the total group, 59.1 percent were able to go to school, were working, or were unemployed in 1937; 4.6 percent were unable to work or were in a hospital; 15.3 percent could not be located; and 21.0 percent had died. The greatest mortality occurred 3 to 5 years after the primary manifestation of rheumatic fever.

SOME ADMINISTRATIVE ASPECTS OF MATERNITY AND CHILD WELFARE IN INDIA, by Jean M. Orkney, Dr. P. H. *Mother & Child* (National Council for Maternity & Child Welfare, Aldwych House, Aldwych, London, W. C. 2), Vol. 10, No. 9 (December 1939), pp. 323-328.

The director of the Maternity and Child Welfare Bureau, Indian Red Cross Society, describes in this article the functioning of the bureau and the administrative history of maternity and child-welfare services in India.

Experimental rural health units have been established in four Provinces and in two native States. The Provincial units are under the general direction of the Provincial director of public health, assisted by "a full-time staff of one medical officer of health, one assistant medical officer (who is generally a woman), four sanitary inspectors, four health visitors, eight midwives, a clerk, and a sanitary squad of menials." These units serve a population of approximately 40,000, dwelling in 150 to 180 villages and having a birth rate of about 40 per 1,000 population.

• **CHILD LABOR** •

• **YOUTH EMPLOYMENT** •

• **VOCATIONAL OPPORTUNITIES** •

Congressional Committees Dealing With Social and Economic Conditions of Migratory Workers

The La Follette Civil Liberties Committee, a subcommittee of the Senate Committee on Education and Labor, heard testimony from representatives of a number of Government departments, including the Department of Labor, in May 1940. The hearings were conducted in Washington with Senator La Follette or Senator Thomas presiding. These hearings grew out of the fact that, after hearing testimony in California regarding denial of civil liberties, especially to agricultural workers, the committee recognized the difficulties of this group are grounded primarily in the economic situation of migratory agricultural labor.

Testimony on the economic and social background of problems confronting migratory agricultural laborers was presented by the Secretary of Labor and by representatives of the Children's Bureau, the Women's Bureau, and the Division of Labor Standards of the United States Department of Labor.

The Children's Bureau statements on the implications of the general child-welfare problems of migratory workers (Katharine F. Lenroot), on the health services available to persons in rural communities, particularly migrants (Martha M. Eliot, M. D.), and on the extent and conditions of child labor in agriculture and the legal regulation of agricultural child labor (Beatrice McConnell) will be published in the report of testimony of these hearings.

A committee of the House of Representatives has been appointed in accordance with House Resolution 63, passed in April 1940, to inquire into interstate migration of destitute persons and to study their social and economic needs with a view to obtaining facts to aid the House of Representatives in enacting remedial legislation. Plans for hearings in different parts of the country are now under way.

New Jersey Adopts New Child-Labor and Compulsory-School-Attendance Laws

As a result of companion measures approved by the Governor of New Jersey on June 25, and effective September 1, 1940, New Jersey has materially strengthened its child-labor and compulsory-school-attendance standards. Heretofore children were permitted to leave school for work at 14 years; now school attendance is required to 16 years of age. Nonresident children under 16 are prohibited from working in New Jersey during periods when the law of the State of their residence would require them to be in school.

The basic minimum age for employment is raised from 14 to 16 years. New Jersey thus becomes the thirteenth State to adopt a 16-year minimum-age standard. No child under 16 may work in factories at any time or in any occupation during school hours. Children 14 and 15 years of age may work outside school hours and during vacation in nonfactory and nonprohibited employment. Work outside school hours in agriculture and in street trades is regulated. A minimum age of 12 years is set for farm work, and in street trades there is

a minimum age of 18 for girls and 14 for boys (12 for newspaper carriers on residential routes). Farm work and domestic service performed outside school hours for the child's parent and in connection with his own home are entirely exempt from the new law.

Employment certificates are required for employment of minors up to 18 years of age for all work except in agriculture and street trades, special permits being required for children up to 16 years of age working on farms and in street trades. Provision is also made for issu-

ance of age certificates for young persons 18 to 21 years of age.

Hours-of-work standards are strengthened. An 8-hour day, a 40-hour week, and a 6-day week are established, and night work is prohibited for minors under 18, with limited exemptions.

A minimum age of 18 years is set for work in specified hazardous occupations and in occupations found hazardous by the Commissioner of Labor.

N. J. Laws of 1940, chs. 153 and 154.

Issuance of Age Certificates Under Fair Labor Standards Act

Forty-four jurisdictions were redesignated, in a child-labor regulation issued June 26 by the Chief of the Children's Bureau, as States in which State age or employment certificates or permits shall have the same force and effect as Federal certificates of age under child-labor provisions of the Fair Labor Standards Act of 1938. The designation is effective for 1 year beginning July 1, 1940. The designated jurisdictions are:

Alabama	Kansas	North Dakota
Arizona	Kentucky	Ohio
Arkansas	Maine	Oklahoma
California	Maryland	Oregon
Colorado	Massachusetts	Pennsylvania
Connecticut	Michigan	Rhode Island
Delaware	Minnesota	South Dakota
District of Columbia	Missouri	Tennessee
Florida	Montana	Utah
Georgia	Nebraska	Vermont
Hawaii	New Hampshire	Virginia
Illinois	New Jersey	Washington
Indiana	New Mexico	West Virginia
Iowa	New York	Wisconsin
	North Carolina	Wyoming

Alaska and Puerto Rico will be visited this summer with a view to making provision for issuing age certificates. Arrangements are also under way for making available certificates of

age in Nevada and Louisiana. These States and Territories are now operating under a temporary regulation providing for the acceptance of birth or baptismal certificates as proof of age.

Federal certificates of age are being issued in Idaho, Mississippi, South Carolina, and Texas, with the close cooperation of State officials.

Employers in establishments producing goods for shipment in interstate commerce may protect themselves from unintentional violation of the child-labor provisions of the Fair Labor Standards Act by obtaining age certificates for minors 16 and 17 years of age in their employ and for minors 18 and 19 years of age employed in occupations which have been found and by order declared by the Chief of the Children's Bureau to be particularly hazardous for the employment of minors between 16 and 18 years of age or detrimental to their health or well-being. The occupations for which hazardous-occupations orders have been issued¹ are: (1) All occupations in or about plants manufacturing explosives or articles containing explosive components; and (2) the occupations of motor-vehicle driver or helper on such vehicles.

¹ A proposed finding and order for the coal-mining industry is expected to become effective September 1, 1940.

BOOK NOTES

First annual report of Wage and Hour Division The First Annual Report of the Administrator of the Wage and Hour Division, United States Department of Labor, was submitted to Congress in January 1940. It was referred to the Committee on Education and Labor and is now available in printed form. The Administrator points out in the introduction that:

The social and legislative history of the last 40 or 50 years illustrates a dwindling faith in the ability of a laissez faire economy alone to create permanent happiness and prosperity for every citizen, for countless measures have been taken by both State and National Governments to give direction to our economic life. . . . The Fair Labor Standards Act may be properly understood in its historical setting as representing one more effort to direct economic forces into socially beneficial channels.

The report covers the legislative history, the meaning, the economic coverage and effects, and the enforcement of the wage-and-hour provisions of the Fair Labor Standards Act. There are also chapters on the 10 industry committees set up during 1939, on administrative exemptions for learners, apprentices, handicapped workers, and messengers and exemptions in connection with defining area of production and determining industries of a seasonal nature. Chapters on administration and on legislative amendments are also included.

First Annual Report of the Administrator of the Wage and Hour Division, U. S. Department of Labor, for the Calendar Year 1939. U. S. Government Printing Office, Washington, 1940. 163 pp.

Work Projects Administration studies of reemployment and industrial techniques During the past few months the Work Projects Administration has issued reports of the following studies in the series on reemployment opportunities and recent changes in industrial techniques being carried on by its National Research Project under the direction of David Weintraub:

Farm-City Migration and Industry's Labor Reserve, by Francis M. Vreeland and Edward J. Fitzgerald. Report No. L-7, Philadelphia, August 1939. 67 pp. Processed.

Labor and the Shut-Down of the Amoskeag Textile Mills, by Daniel Creamer and Charles W. Coulter. Report No. L-5, Philadelphia, November 1939. 342 pp. Processed.

Mechanization in the Lumber Industry; a study of technology in relation to resources and employment opportunity, by Alfred J. Van Tassel with the assistance of David W. Bluestone. Report No. M-5, Philadelphia, March 1940. 201 pp. Processed.

Trade-Union Policy and Technological Change, by Harry Ober. Report No. L-8, Philadelphia, April 1940. 129 pp. Processed.

URBAN YOUTH: THEIR CHARACTERISTICS AND ECONOMIC PROBLEMS. Urban Surveys Section, Division of Research, Works Progress Administration, Washington, 1939. 52 pp. Mimeographed.

In this preliminary report of the Survey of Youth in the Labor Market are given some of the more important findings, pending a more complex statistical analysis of the material. It follows the "changing problems of youth as they attempt the metamorphosis from wards of society in the schools to wage earners and producers of wealth in shops, factories, and offices." For this purpose a sample of grade-school graduates, rather than high-school graduates, was chosen. More than 40,000 youth in 8 cities representing various sections of the country were interviewed in the fall of 1938. At the time of the interview they ranged from 19 to 23 years of age, and those who had gone to high school had had time to finish it and spend a year working or seeking work.

The work histories of these young persons show that some made the transition from school to industry with little difficulty. Others, however, after years of effort, were unemployed. Still others were engaged in temporary work, in dead-end jobs, or in work paying sub-standard wages. Many of the youth in these jobs were dissatisfied and were striving to obtain other work. These, as well as unemployed youth, constitute a problem in adjustment.

CHILDREN IN STRAWBERRIES, by Raymond G. Fuller. Publication No. 380, National Child Labor Committee, 419 Fourth Avenue, New York, March 1940. 22 pp. 25 cents.

The strawberry fields of Arkansas and Kentucky, where the 81 families included in this study were interviewed by Charles E. Gibbons of the National Child Labor Committee, are a part of the strawberry region of the Mississippi Valley to which many migrant families who were formerly tenant farmers in the cotton fields are turning.

Most of the children of the strawberry migrants, except for the youngest, worked in both the straw-

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berry and the cotton fields. Of the 238 children under 16 years of age in the 81 families surveyed, 163 were regular workers, including 2 who were 5 years of age and 6 who were 6 years of age. All but 1 of the children 12 to 15 years of age worked regularly, for the same number of hours as did adult workers, and 35 percent of them had finished only the first or second school grade or none. Thirty-six percent of the children of school age (7 to 15 years, inclusive) had not attended school a single day in the calendar year preceding the study.

MAPPING JOBS FOR TEXAS MIGRANTS, by Lewis T. Nor-
dyke. *Survey Graphic*, Vol. 29, No. 3 (March 1940),
pp. 152-157.

By locating areas where workers are needed, and routing workers to these areas, the Texas State Employment Service, a Federal-State agency, is improving the earning power and living conditions of migrant farm workers and their families in Texas. This article describes the program through which the service made 500,000 placements in 1939. The service attempts to anticipate the agricultural needs and to route only enough laborers to handle the work.

FACTORIES ACT, 1937; report on hours of employment of women and young persons in factories during the first 5 months of the war. Home Department, London, 1940. 15 pp. 3d. net.

At the onset of war in September 1939, this report points out, it was widely recognized that the hours worked in the war of 1914-19 had been excessive, that working hours should not exceed 60 a week at most,

even as a temporary resort, and that the hours of young workers under 16 should be relatively short. The Service Departments' contractors were notified that, if necessary, employees 16 years of age and over might work overtime subject to a maximum of 60 hours a week, pending orders from the Home Secretary formally authorizing such relaxation of the Factories Act as were found to be necessary. This arrangement was temporary, and authority to employ workers overtime can now be obtained only through the factory inspectors and the Home Office.

To the end of January 1940, orders authorizing extended hours for women and young persons 16 years of age and over had been granted to about 2,500 factories; in most cases the authorized hours did not exceed 57 a week. Permission to employ women over 18 years of age at night had been given in 57 orders.

Under the act, males 16 years of age and over may be employed on night shifts in continuous-process industries; 12 orders had been granted modifying this provision or extending it to noncontinuous processes.

Under the Factories Act of 1937 hours of work for children between 14 and 16 years of age were reduced July 1, 1938, to 48 a week in all factories, and, July 1, 1939, to 44 hours a week, except in cotton and woolen-textile industries. On the outbreak of war, hundreds of applications were received for permission to employ children up to 48 hours a week. After 2 months, however, many employers were able to adjust themselves to the 44-hour week for children; some firms met the difficulty by employing two shifts of children. In industries where boys work closely with older persons as helpers, particularly in shipbuilding and ship repairing, 133 orders permitting boys under 16 to work 47 or 48 hours a week were still in operation in January 1940.

The Children's Bureau *does not* distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

• EVENTS OF CURRENT INTEREST •

CONFERENCE CALENDAR

July 29- Aug. 2	Great Lakes Institute—Tenth Annual Institute for Social Work Executives, College Camp, Wis. Information: Community Chests and Councils, 155 East Forty-fourth Street, New York.	Sept. 16-20	American Hospital Association. Boston, Mass.
July 29- Aug. 2	Blue Ridge Institute for Southern Social Work Executives. Fourteenth annual meeting, Blue Ridge, N. C. Information: Community Chests and Councils, 155 East Forty-fourth Street, New York.	Sept. 23-29	Better Parenthood Week. Sponsored by <i>Parents' Magazine</i> . Information and program material from Better Parenthood Week Committee, 52 Vanderbilt Avenue, New York.
Aug. 12-16	National Medical Association. Forty-sixth annual convention, Houston, Tex. General secretary: John T. Givens, M. D., 1108 Church Street, Norfolk, Va.	Sept. 24-28	National Federation of Settlements. Twenty-eighth conference, Pocono Summit, Pa. Permanent headquarters: 147 Avenue B, New York.
Sept. 2-5	American Association for Applied Psychology. Fourth annual meeting, Pennsylvania State College, State College, Pa. (Section on clinical psychology is of special interest to persons working with children.)	Sept. 30- Oct. 4	National Recreation Congress. Twenty-fifth annual congress, Cleveland, Ohio. Permanent headquarters: 315 Fourth Avenue, New York.
Sept. 8-9	American Association of Public Health Dentists. Cleveland, Ohio.	Oct. 5-10	National Society for Crippled Children. Annual convention, Asheville, N. C. Permanent headquarters: Elyria, Ohio.
Sept. 9-13	American Dental Association. Eighty-second session, Cleveland. Permanent headquarters: 212 East Superior Street, Chicago.	Oct. 7-11	National Safety Council. Chicago. Permanent headquarters: 20 North Wacker Drive, Chicago.
		Oct. 8-11	American Public Health Association. Sixty-ninth annual meeting, Detroit. Permanent headquarters: 50 West Fifth Street, New York.
		Oct. 21-24	American Dietetic Association. Twenty-third annual meeting, New York.

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